

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

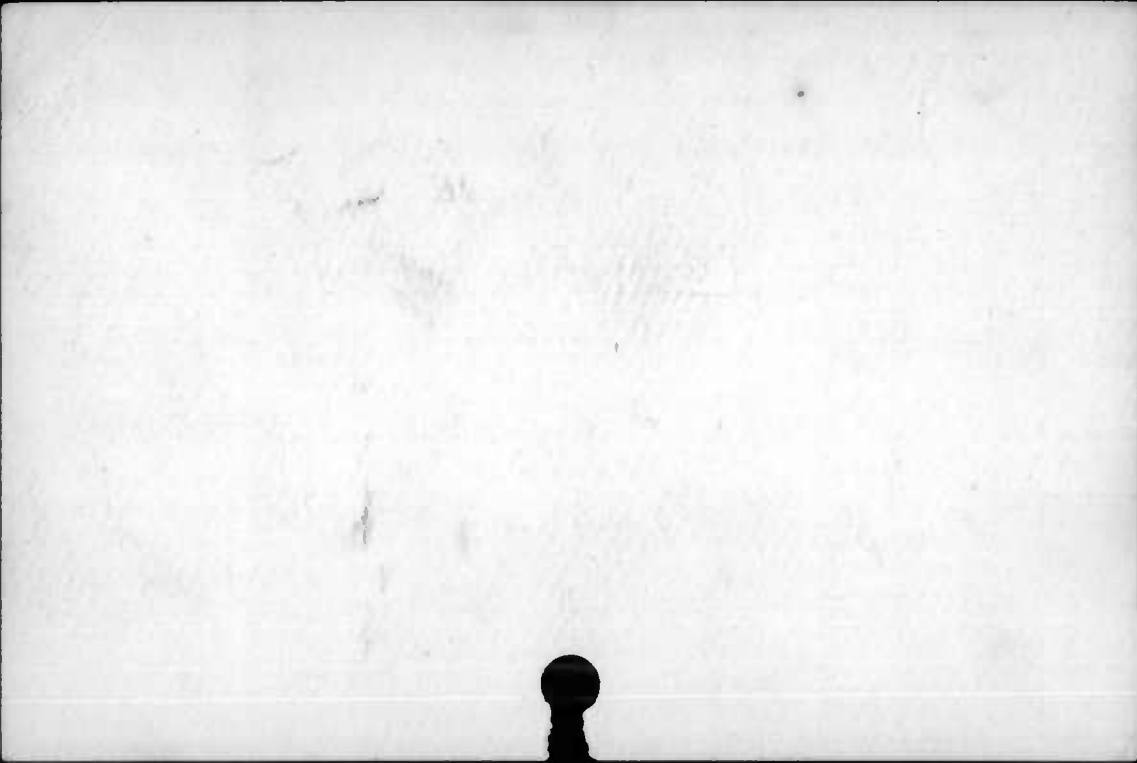
Died at		Town <i>Oxford</i>		County <i>Dalhart</i>		MARYLAND	
Date of death		Month <i>Jan.</i>	Day <i>27</i>	Years <i>67</i>	Months <i>0</i>	Days <i>0</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Oxford Md</i>			
Occupation <i>Barber</i>				Where Residing if not at place of death —			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband					
Father's Name <i>Nicholas Adams</i>		Father's Birthplace <i>Oxford Md</i>					
Mother's Maiden Name <i>Nancy O'Brien</i>		Mother's Birthplace <i>Oxford Md</i>					
Name of person giving information <i>Albert Adams</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate	<i>Physical exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Enderwood</i>
		Address <i>Oxford Md</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

William Banks.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

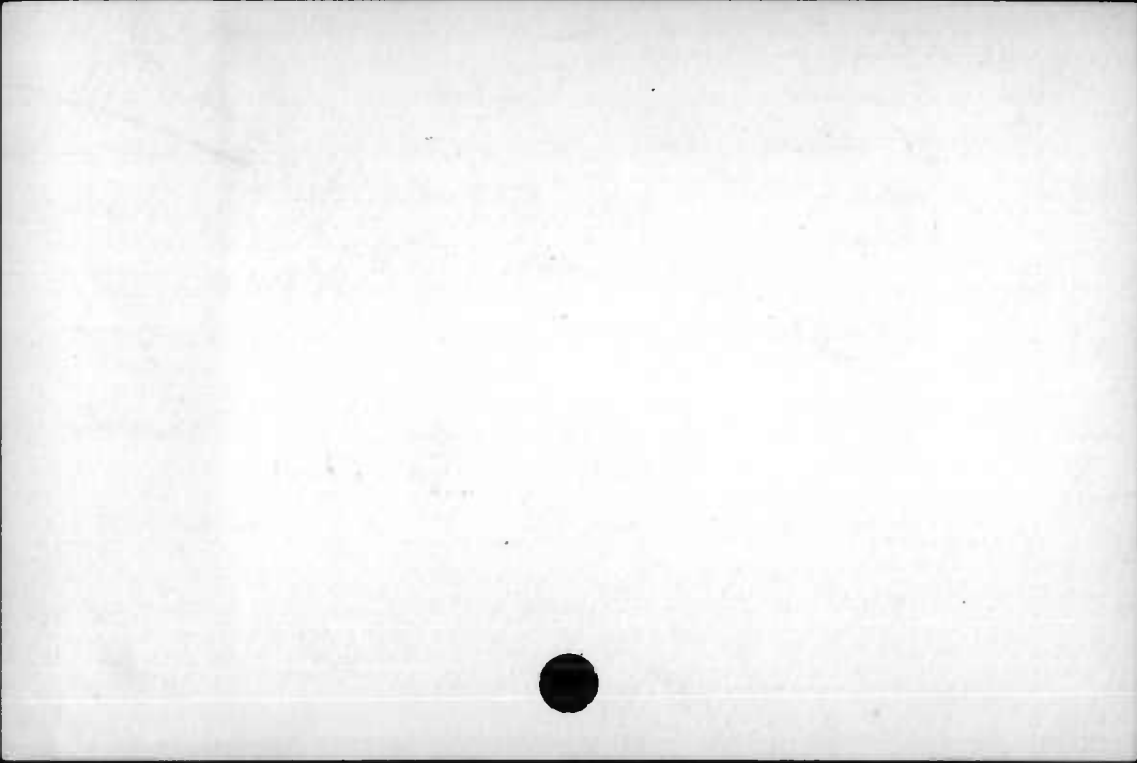
Died at		Town <i>Oxford</i>		County <i>Talbot</i>		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	<i>1908</i>	<i>Jan.</i>	<i>27</i>	<i>1</i>	<i>3</i>	<i>0</i>	
Sex	<i>Male</i>		Color or Race	<i>Colored.</i>		Birth- place	<i>Oxford Md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
<i>Frank Banks</i>				<i>Oxford Md</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Sophia Thompson</i>				<i>Oxford Md</i>			
Name of person giving In formation				How related to deceased			
<i>Marion Thompson</i>				<i>Grand Father</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Stomach trouble with Convulsions</i>	How long	<i>4 weeks.</i>
Immediate	<i>Pneumonia</i>	How long	<i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. M. Eades M.D.</i>
<i>Yes.</i>		Address	<i>Oxford Md</i>
Accident or Suicide?			



Name
in
Full

William Below

CERTIFICATE OF DEATH

Died at Easton ^{Town}Tafts ^{County}

MARYLAND

Date
of death 1908 Jan ^{Month}

Day

16

Age

Years

40

Months

Days

Sex maleColor or
RaceBlackBirth-
placeVirginia

Occupation

watermanWhere Residing if not
at place of deathxMarried, ~~Single~~Name of Wife or
HusbandMary BelowFather's
NameJohn BelowFather's
BirthplaceVirginiaMother's
Maiden NameNot KnownMother's
BirthplaceName of person giving
InformationLehar B. et alHow related
to deceasedFriend

CAUSES OF DEATH

179

Primary

Don't Know

How long

Don't Know

Immediate

Heart exhaustion

How long

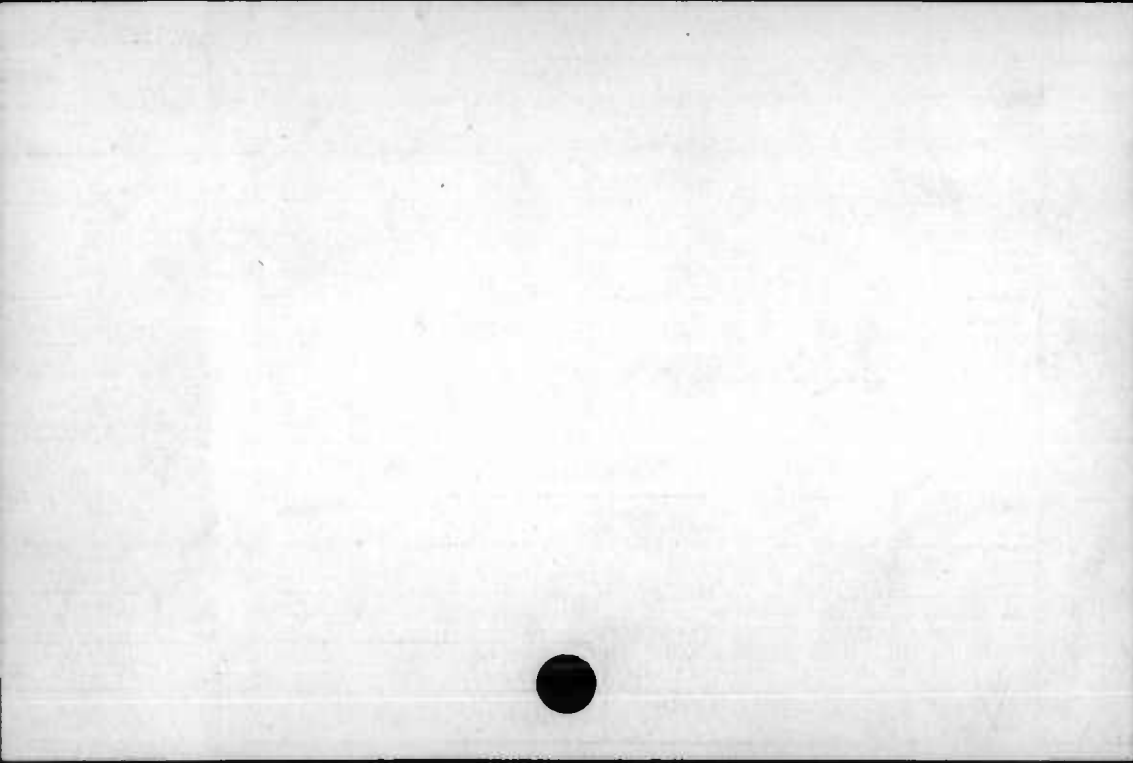
16 hoursAre the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianRobert Ray Koch

Address

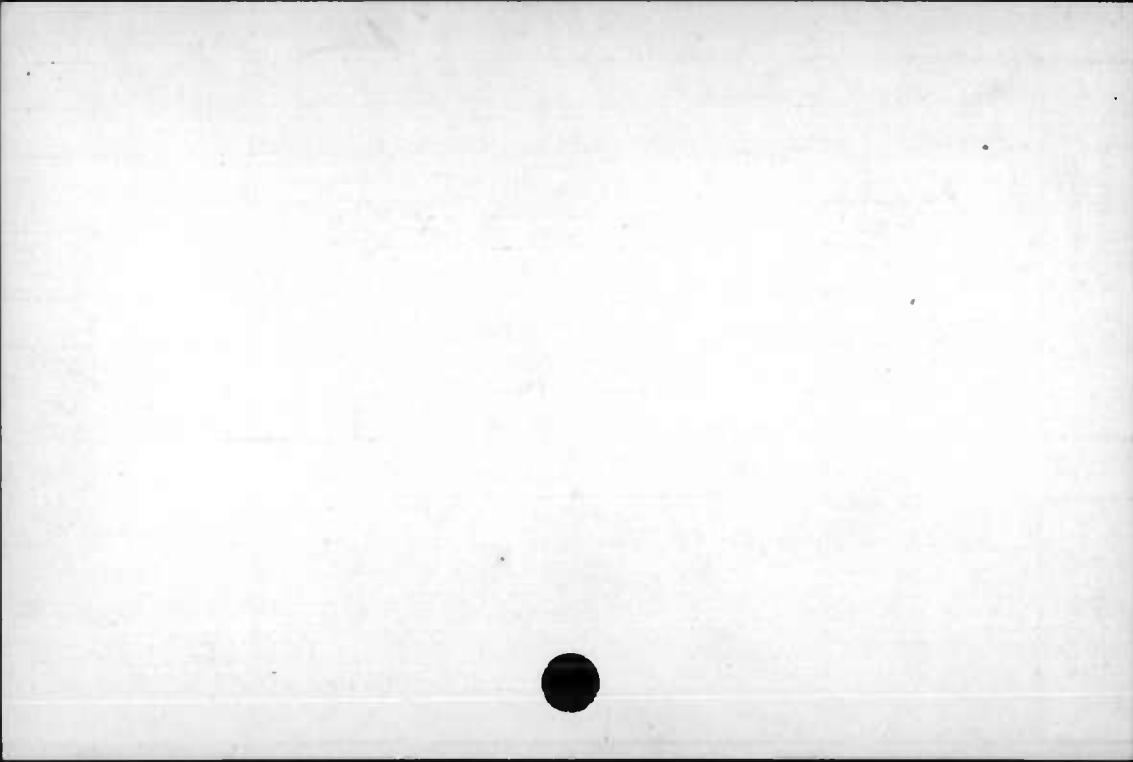
Easton, Md,

Accident or Suicide?

SuspiciousTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Boswell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>mar</i>		Town <i>Grapple</i>		County <i>Talbot</i>		MARYLAND
	Date of death <i>1908</i>		Month <i>1</i>	Day <i>26</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co Md</i>		
	Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Oscar Smith Boswell</i>				Father's Birthplace <i>Lancaster Co Pa</i>		
	Mother's Maiden Name <i>Sadie Rebecca Talley</i>				Mother's Birthplace <i>" " "</i>		
PHYSICIAN OR CORONER	Name of person giving information <i>" " "</i>		How related to deceased <i>Mother</i>				
	CAUSES OF DEATH						
	Primary <i>Premature Birth</i>		<i>(137)</i>		How long <i>7 months</i>		
	Immediate <i>Exhaustion</i>				How long <i>6 hours</i>		
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>Joseph A. Ross Md</i>			
				Address <i>Grapple Talbot Co Md</i>			
Accident or Suicide?		<i>—</i>					



Name
in
Full

Warner Braddock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Beavert* Town *Talbot* County **MARYLAND**Date of death **1908** *January* Month *11* Day **Age** *Not Known* Years Months DaysSex *Male* Color or Race *White* Birth-placeOccupation *Bridge hand* Where Residing if not at place of death *Supposed to be ^{near} Chesapeake*Married, Single or Widowed *Not Known* Name of Wife or Husband *Not Known*Father's Name *Not Known* Father's Birthplace *Not Known*Mother's Maiden Name *Not Known* Mother's Birthplace *Not Known*Name of person giving Information *Walter H. Skinner* How related to deceased *none*

CAUSES OF DEATH

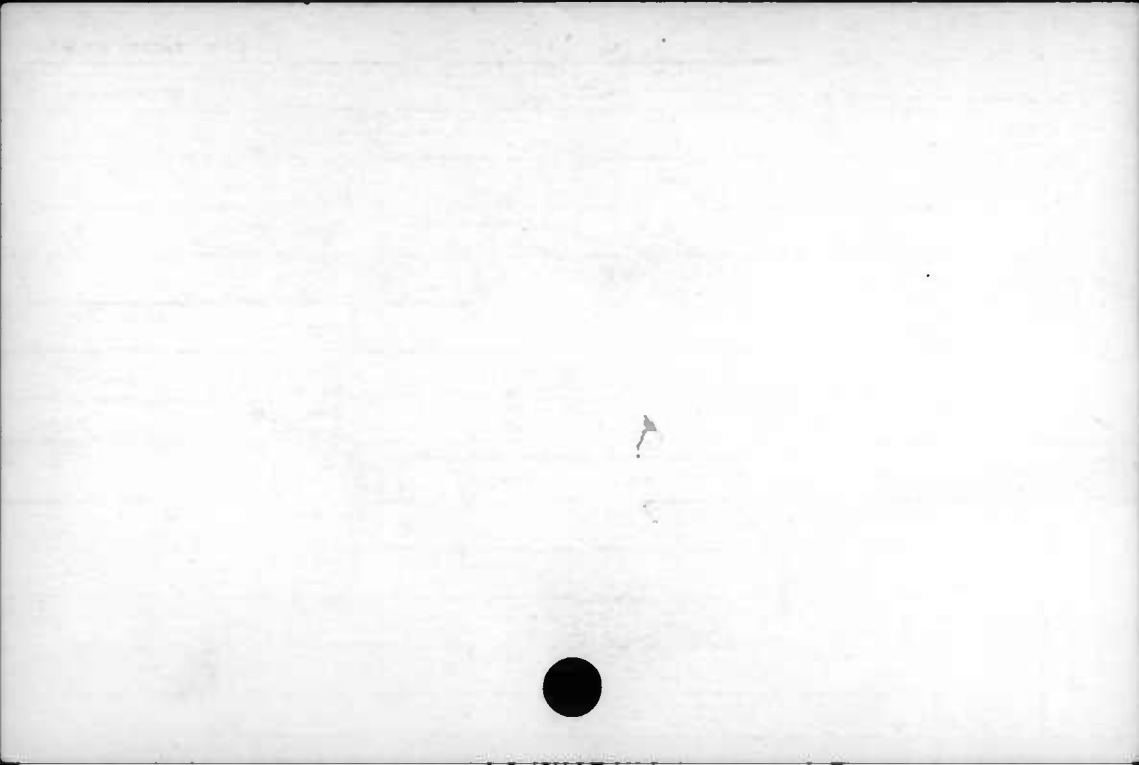
172

Primary *Drowned* How longImmediate *yes* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address *Walter Skinner Suborg*Accident or Suicide *Not Known*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

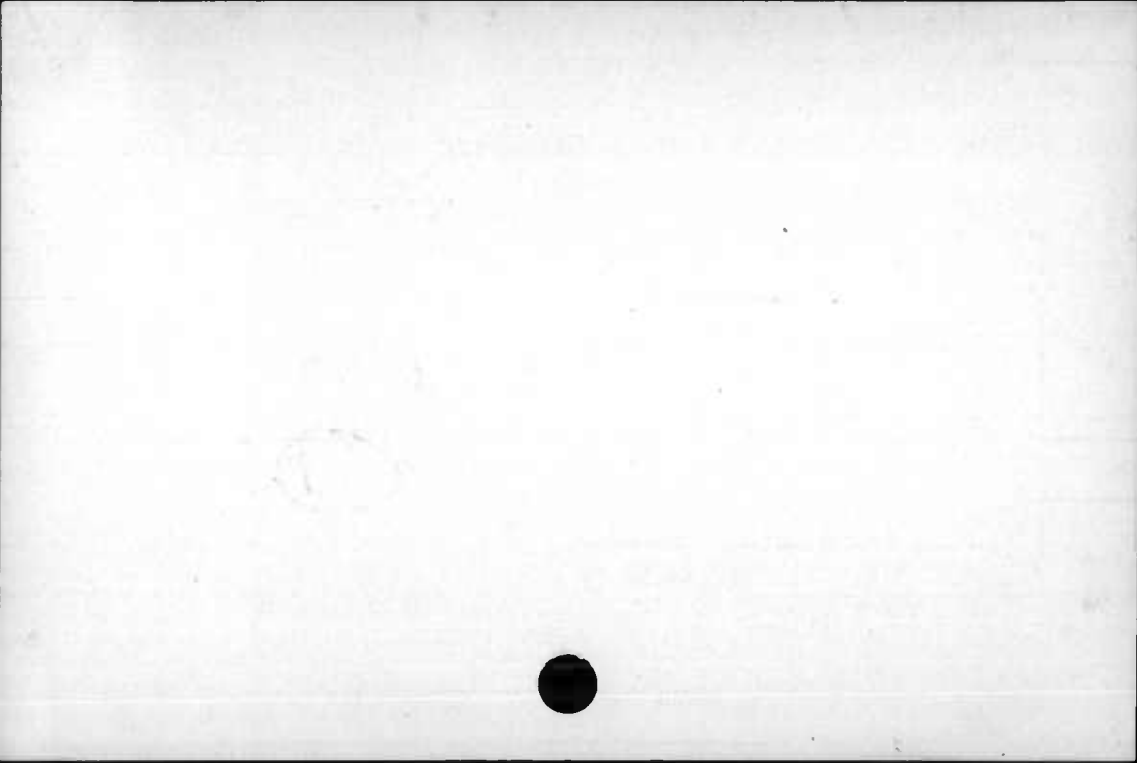
Died at <i>Neapotts</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death <i>1908 Jan</i> <small>Month</small>		<i>#13</i> <small>Day</small>		<i>29</i> <small>Years</small>	
<i>Female</i> <small>Sex</small>		<i>White</i> <small>Color or Race</small>		<i>Talbot Co.</i> <small>Birth-place</small>	
<i>girl</i> <small>Occupation</small>		<i>Same</i> <small>Where Residing if not at place of death</small>			
<i>Single</i> <small>Married, Single or Widowed</small>		<i></i> <small>Name of Wife or Husband</small>			
<i>Addison Camper</i> <small>Father's Name</small>		<i>Talbot Co.</i> <small>Father's Birthplace</small>			
<i>Hannie B. Maritt</i> <small>Mother's Maiden Name</small>		<i>Talbot Co.</i> <small>Mother's Birthplace</small>			
<i>Hannie B. Maritt</i> <small>Name of person giving information</small>		<i>Mother</i> <small>How related to deceased</small>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>		<i>3 yrs.</i> <small>How long</small>	
Immediate		<i></i> <small>How long</small>	
<i>yes</i> <small>Are the name, age, sex, color, date and place correctly given above?</small>		<i>Ch. J. B. Smith</i> <small>Signature of Physician</small>	
<i>no</i> <small>Accident or Suicide?</small>		<i>St. Michaels</i> <small>Address</small>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easter</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>7</i>	Age <i>33</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Easter</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Thomas Collins</i>				
Father's Name <i>George Seymour</i>	Father's Birthplace <i>Talbot Co</i>				
Mother's Maiden Name <i>McKinnon</i>	Mother's Birthplace <i>Talbot Co</i>				
Name of person giving information <i>Thomas Collins</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary <i>Appendicitis</i>	How long <i>One year</i>
Immediate <i>Peritonitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. L. Larrison</i>
<i>9</i>	Address <i>Easter</i>
Accident or Suicide?	



Name
in
Full

Lohmott John

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

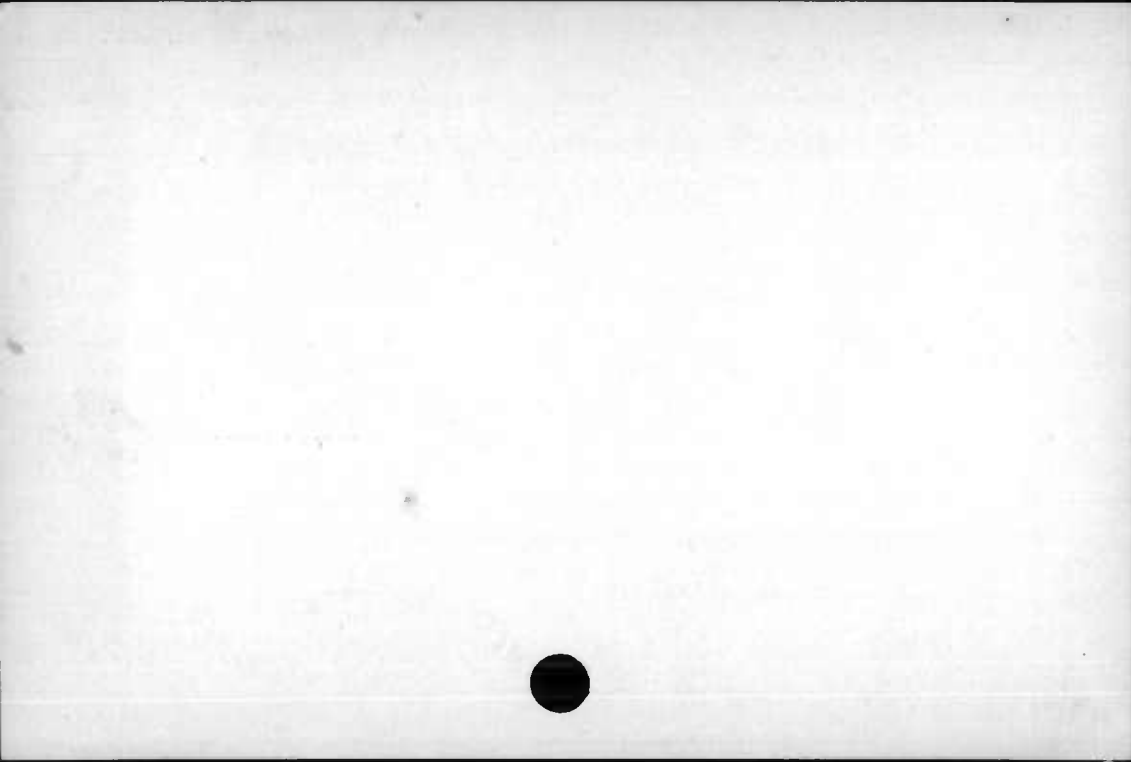
Died at <u>Lohappan</u> Town		County <u>Talbot</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>21</u>	Age <u>80</u>	Months <u>1</u>	Days <u>X</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Talbot</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>X</u>		
Married, <u>Single</u> Widowed		Name of Wife or Husband <u>Rhetad S John</u>			
Father's Name <u>Phineas Clayton</u>			Father's Birthplace <u>Talbot</u>		
Mother's Maiden Name <u>Isabel Clayton</u>			Mother's Birthplace <u>Talbot</u>		
Name of person giving information <u>Elyza Brock</u>			How related to deceased <u>daughter</u>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<u>Infirmities of Years</u>	How long	<u>5- yrs</u>
Immediate	<u>Heart Failure</u>	How long	<u>few hr</u>
Are the name, age, sex, color, date and place correctly given above? <u>ye</u>		Signature of Physician <u>Chas. F Davidson</u>	
		Address <u>Easton Md</u>	
Accident or Suicide? <u>No</u>			



Name
in
Full

George I Fluharty

CERTIFICATE OF DEATH

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NEAREST FRIEND

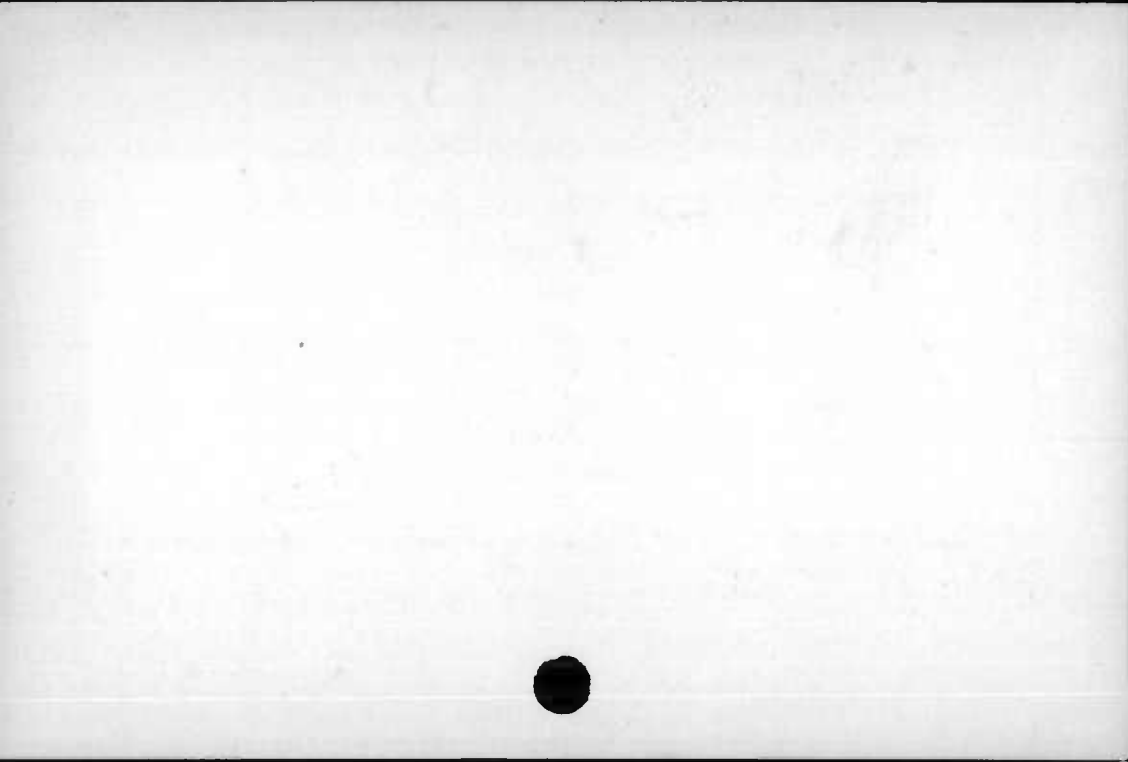
Died at		Town Easton		County Talbot		MARYLAND			
Date of death		1908	Month Jan	Day 28	Age 60	Months	Days		
Sex		Male		Color or Race		White			
Occupation		Farmer		Birth- place		Caroline Co., Md.			
Where Residing if not at place of death									
Married, Single or Widowed		Name of Wife or Husband Annie Smart							
Father's Name		George Fluharty				Father's Birthplace		Caroline Co Md	
Mother's Maiden Name		Maria Severston				Mother's Birthplace		Talbot Co Md	
Name of person giving In formation		Annie Fluharty						How related to deceased	wife

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's dis.	How long	1 yr.
Immediate	Toxæmia	How long	3 das.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
7		S. O. Millson	
Accident or Suicide?		Address	
		Easton, Md.	



Name
In
Full

James Edward Frampton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

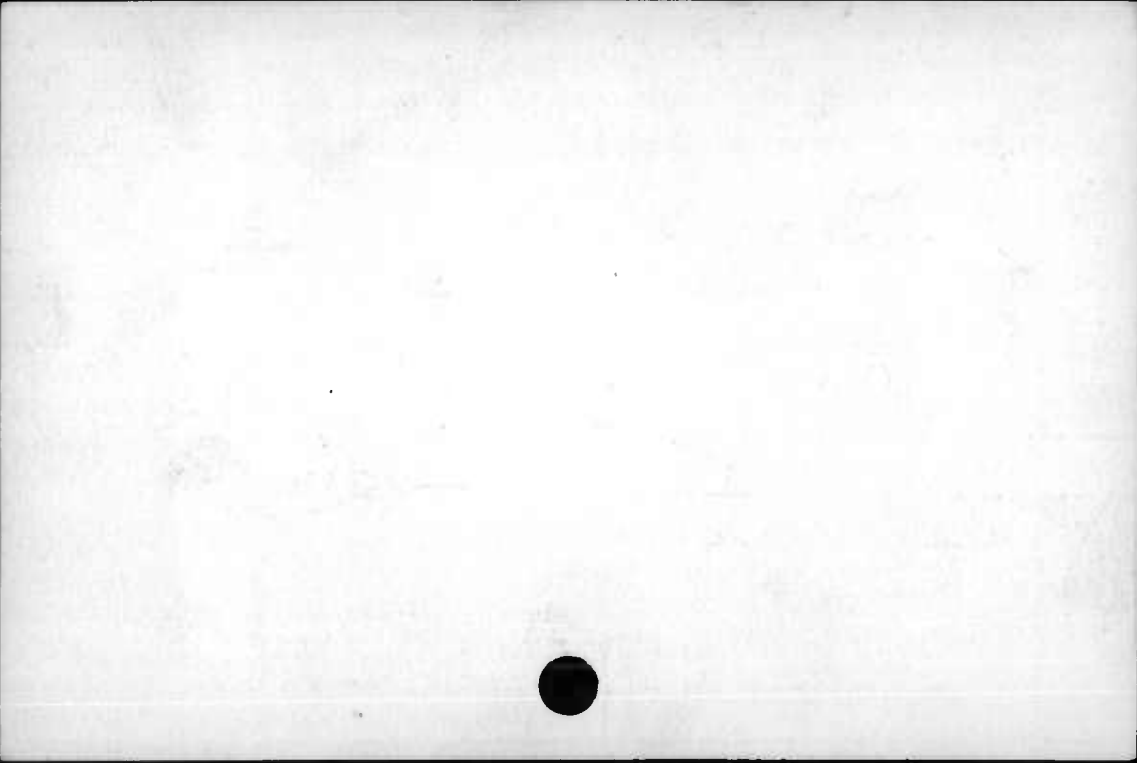
Died at <u>Easton</u> ^{Town} <u>Talbot</u> ^{County}		MARYLAND	
Date of death <u>1908 Jan</u> ^{Month} <u>7</u> ^{Day}	Age <u>68</u> ^{Year}	<u>11</u> ^{Months}	<u>3</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>	
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Easton, Md.</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Alice Frampton</u>		
Father's Name <u>—</u>	Father's Birthplace <u>Talbot Co</u>		
Mother's Maiden Name <u>Alice Diefenderfer</u>	Mother's Birthplace <u>Talbot Co.</u>		
Name of person giving information <u>Mrs. J. Frampton</u>	How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u>	How long <u>One week</u>
Immediate <u>Cerebral hemorrhage</u>	How long <u>Over day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Cross</u>
	Address <u>Easton, Md.</u>
Accident or Suicide? <u>No</u>	



Name
In
Full

Henrietta Goldsborough

CERTIFICATE OF DEATH

Town

County

Died at

Century

Tulburt

MARYLAND

Date

Month

Day

Year

Months

Days

of death

1908 Jan

Age

84

Sex

Female

Color or
Race

Black

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

John Goldsborough

Father's
Name

Benjamin Baswell

Father's
Birthplace

Queen Anne

Mother's
Maiden Name

Maria Ayres

Mother's
Birthplace

Queen Anne

Name of person giving
Information

Charles Goldsborough

How related
to deceased

Son

CAUSES OF DEATH

66

Primary

Arterial Sclerosis

How long

3 years

Immediate

Pneumonia - R. Hemiplegia

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

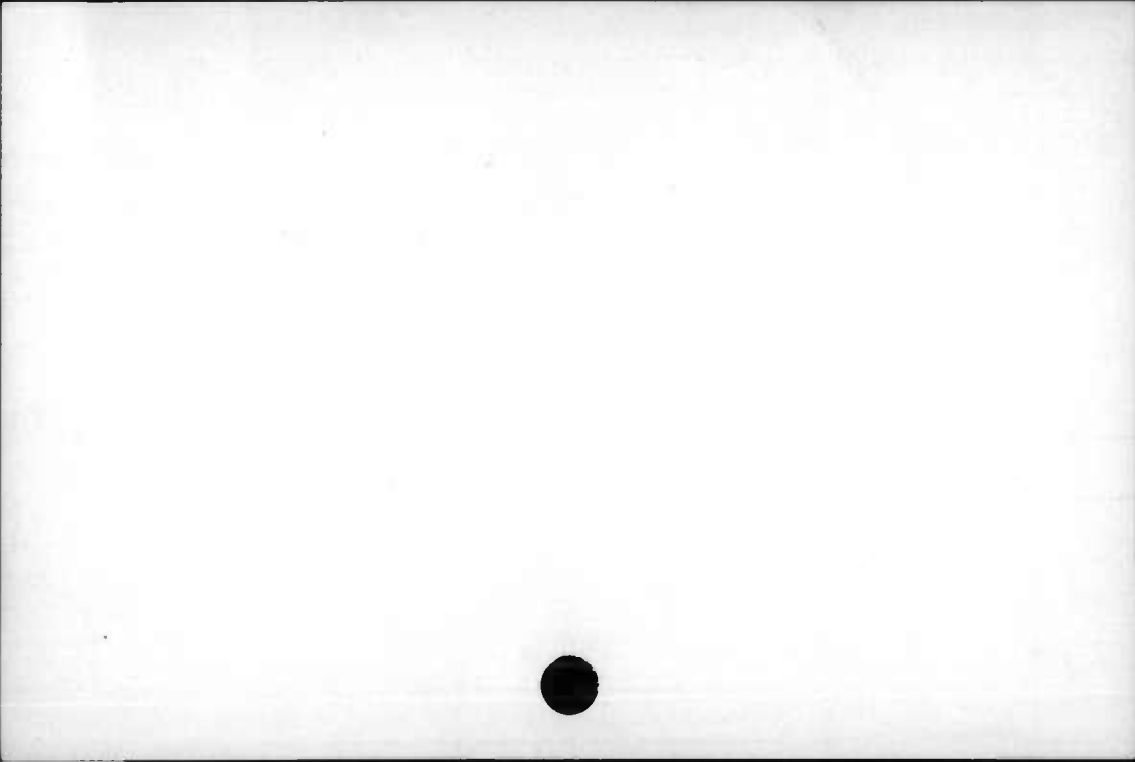
Address

J. B. Hemmitt

Century

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

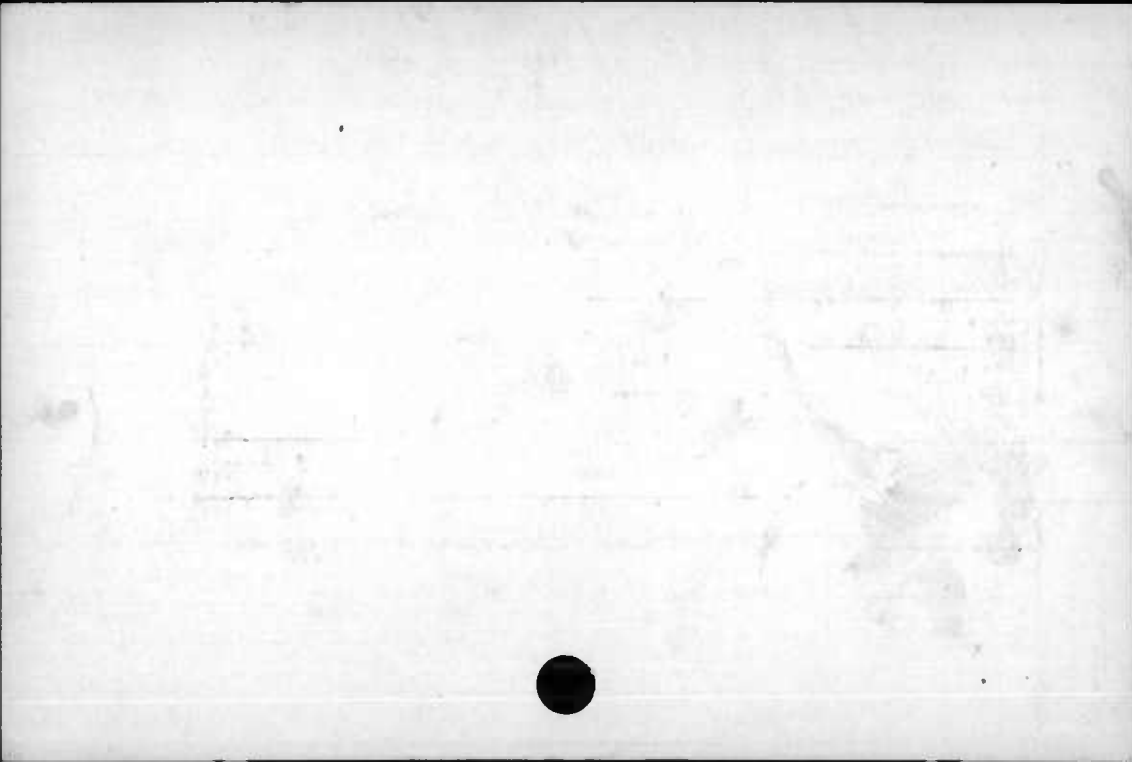
Name in Full <i>Lewis Gray</i>		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Easton</i>		<i>1908 Jan 20</i>		<i>44</i>		<i>44</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Talbot Co</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Kate White</i>					
Father's Name <i>John Gray</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Lula Stanton</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>" "</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

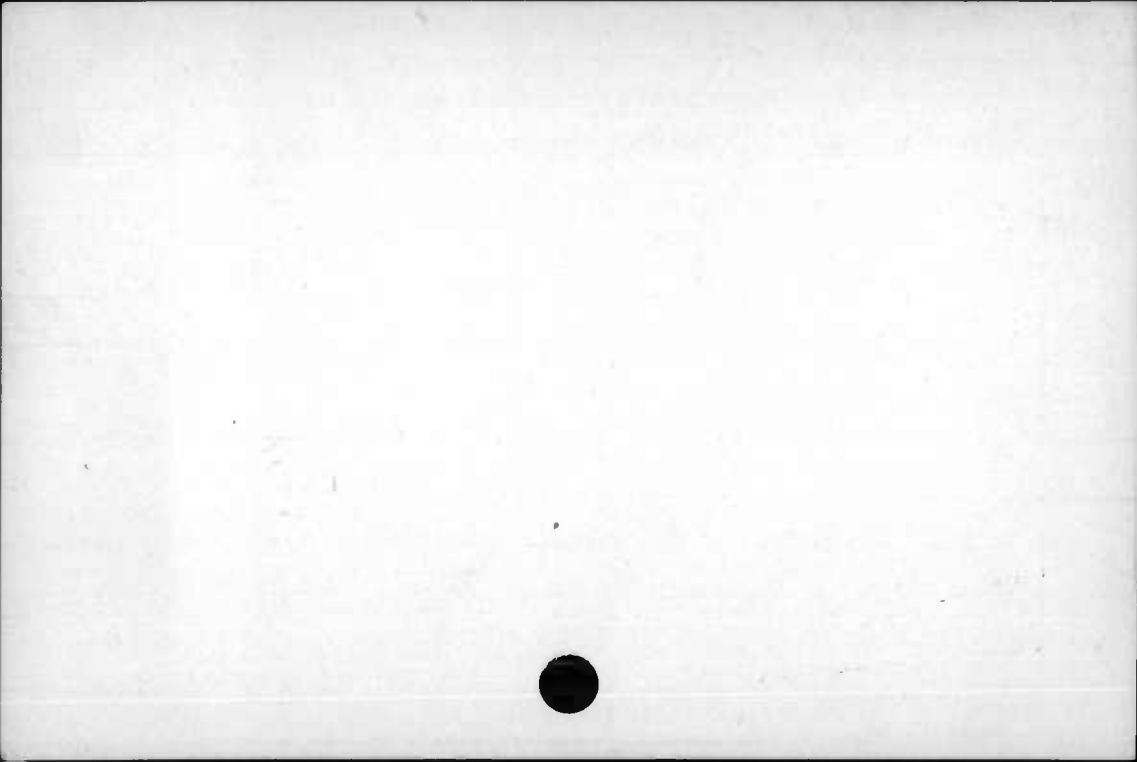
(64)

PHYSICIAN
OR CORONER

Primary <i>Carcinoma</i>	How long <i>Don't know</i>
Immediate <i>Apoplexy</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert Hays Roth</i>
	Address <i>Easton, Md.</i>
Accident or Suicide? <i>no</i>	



Name in Full		Daniel J. Haddoray				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Marbletown		Talent	
		Date of death		1908 Jan 20		Age 64	
		Sex		Male		Color or Race white	
		Occupation		Carpenterman		Where Residing if not at place of death	
		Married, Single or Widowed		Married		Name of Wife or Husband	
		Father's Name		John W. Haddoray		Father's Birthplace	
		Mother's Maiden Name		Mary Fairbanks		Mother's Birthplace	
Name of person giving information		Francis Haddoray		How related to deceased		Wife	
				CAUSES OF DEATH		120	
PHYSICIAN OR CORONER		Primary		Bright		How long	
		Immediate		Inflammation		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
		Address		St. Michael's		Address	
		Accident or Suicide?		No			



Name
in
Full

John Joshua Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

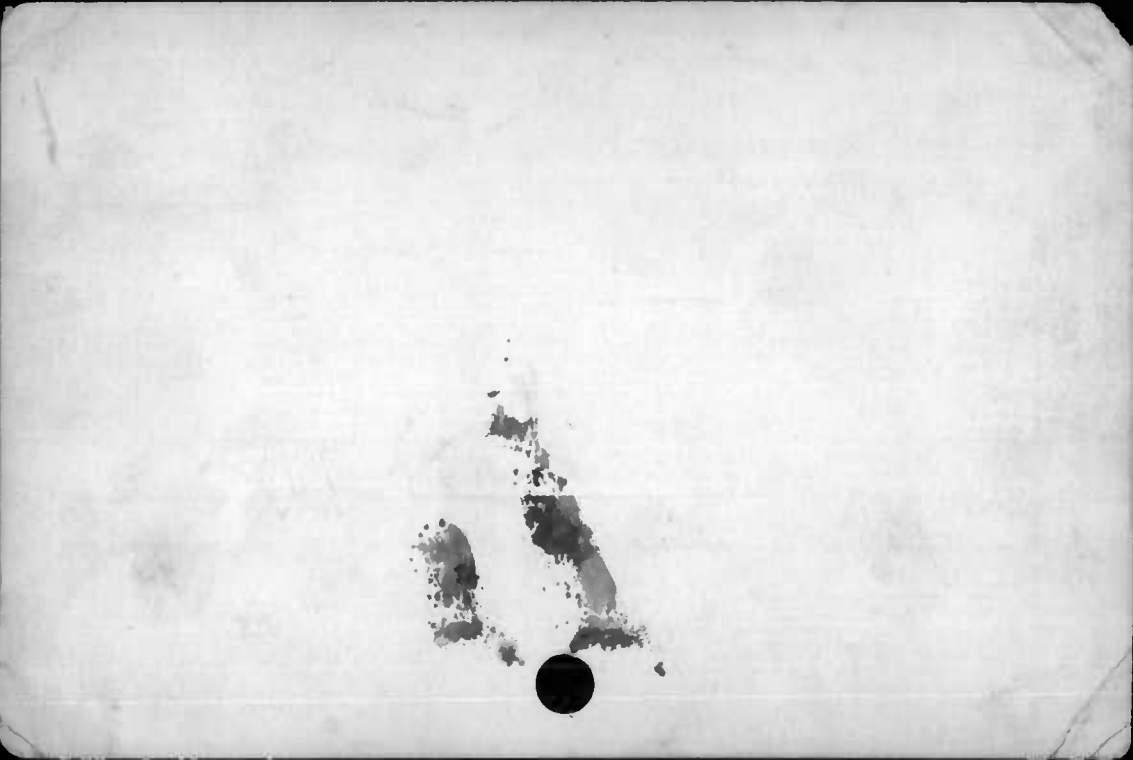
Died at <i>Tilghman</i> ^{Town} <i>Dalbert</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>10</i>	Age <i>72</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Dalbert Co</i>	Months <i>8</i> Days <i>2</i>
Occupation <i>Cytermen</i>	Where Residing if not at place of death <i>Tilghman Md</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sallie Ann Harrison</i>		
Father's Name <i>Samuel Harrison</i>	Father's Birthplace <i>Dalbert Co</i>		
Mother's Maiden Name <i>Mary Harrison</i>	Mother's Birthplace <i>Dalbert Co</i>		
Name of person giving information <i>Richardson Hamon</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart disease (dropsy)</i>	How long <i>Months</i>
Immediate <i>Heart failure</i>	How long <i>sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. K. Nelson</i>
	Address <i>Tilghman Md</i>
Accident or Suicide?	



Name
in
Full

Mary E Heines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Easton^{County} Talbot

Date of death 1908 Jan

Day 10

Age

Years 4

Months X

Days 18

Sex Female

Color or Race

Black

Birth-place

Easton

Occupation

-IX

Where Residing if not at place of death

X

~~Married, Single~~~~Name of Wife or~~~~Widow~~~~Husband~~

Father's Name

James Henry Heines

Father's Birthplace

Talbot

Mother's Maiden Name

Mary Coburn

Mother's Birthplace

Talbot

Name of person giving information

James Henry Heines

How related to deceased

Father

CAUSES OF DEATH

(90)

Primary

Capillary Bronchitis

How long

1 week

Immediate

Heart Exhaustion

How long

3 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Ralph Hays Rich, M.D.

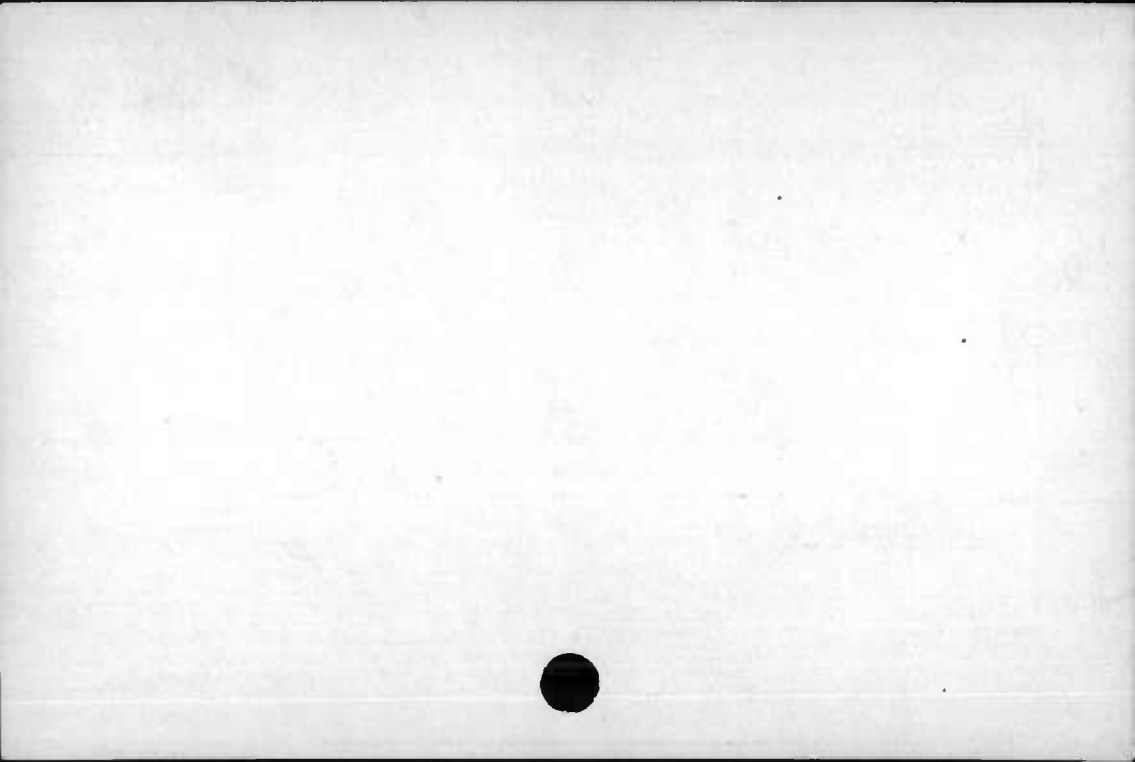
Address



Easton, Md.

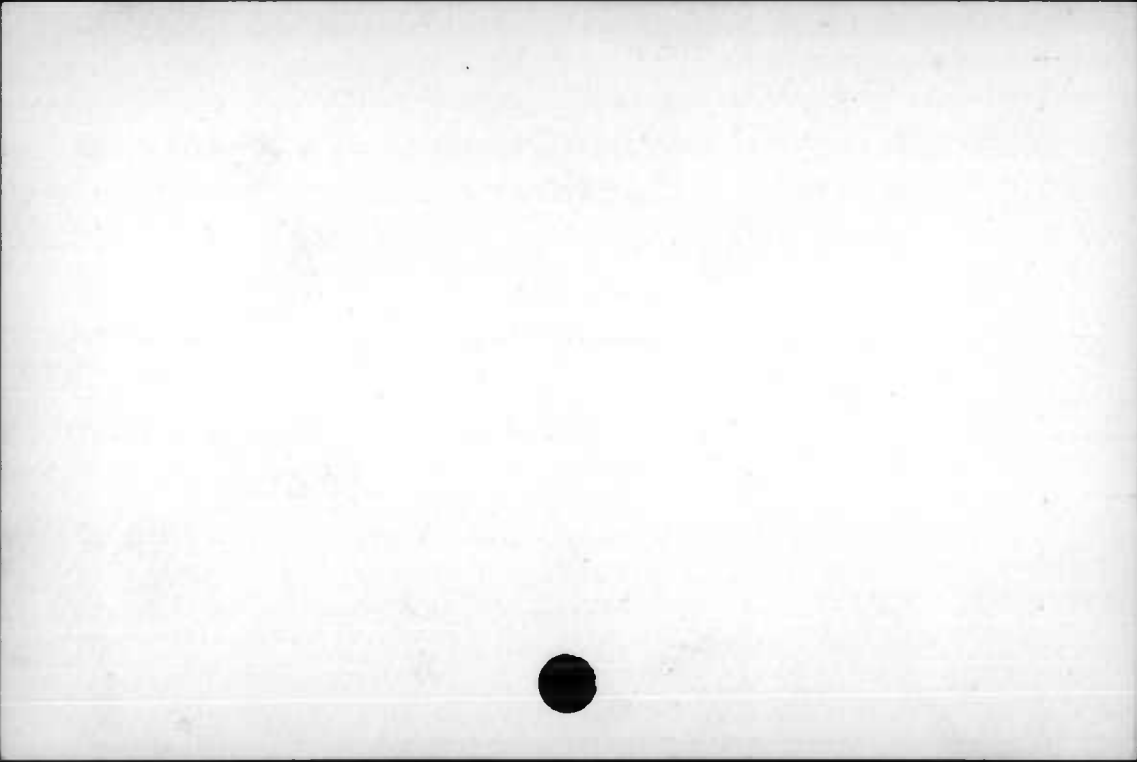
Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name in Full		William E. Holliday				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town Oxford		County Talbot		MARYLAND		
		Died at						
		Date of death	1908	Month 1	Day 9	Age 68	Years 6	Months 5
		Sex	male	Color or Race	White	Birth- place	Queen Anne Co. Md.	
		Occupation	Justice of the Peace		Where Residing if not at place of death			
		Married, Single or Widowed	Name of Wife or Husband Martha Ella Holliday					
		Father's Name	Edward. Holliday				Father's Birthplace	Delaware
Mother's Maiden Name	Mary Kidd				Mother's Birthplace	Delaware		
Name of person giving In formation	Mary Ella Holliday				How related to deceased	Wife		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">120</div>								
PHYSICIAN OR CORONER		Primary Bright's Disease.				How long 11 months.		
		Immediate Heart Failure.				How long Short time		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. M. Eccles, M.D.		
				Address Oxford Md				
								
Accident or Suicide?								



Name
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CERTIFICATE OF DEATH

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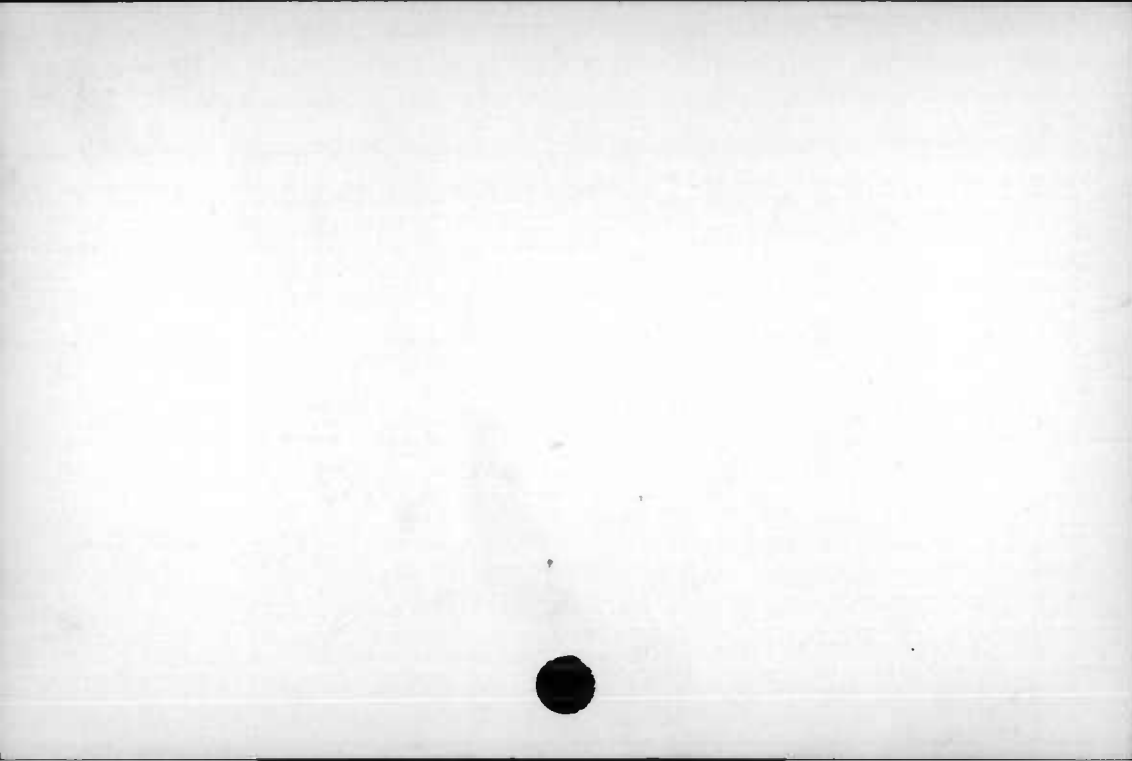
Died at		Town <i>Easton</i>		County <i>Tallbot</i>		MARYLAND		
Date of death		1908	Month 1	Day 21	Age 0	Years 0	Months 1	Days 3
Sex <i>male</i>		Color or Race <i>African</i>		Birth- place <i>Easton Md</i>				
Occupation —				Where Residing if not at place of death —				
Married, Single or Widowed —				Name of Wife or Husband —				
Father's Name <i>James Holmes</i>				Father's Birthplace <i>Easton Md</i>				
Mother's Maiden Name <i>Julia Miller</i>				Mother's Birthplace <i>Easton Md</i>				
Name of person giving information <i>Chas Green</i>				How related to deceased <i>none</i>				

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Bronchopneumonia</i>	How long	<i>2 weeks</i>
Immediate	<i>Heart failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. D. Williams</i>	
<i>yes</i>		Address <i>Easton Md</i>	
Accident or Suicide?			



Name
in
Full

Annie Belle James

CERTIFICATE OF DEATH

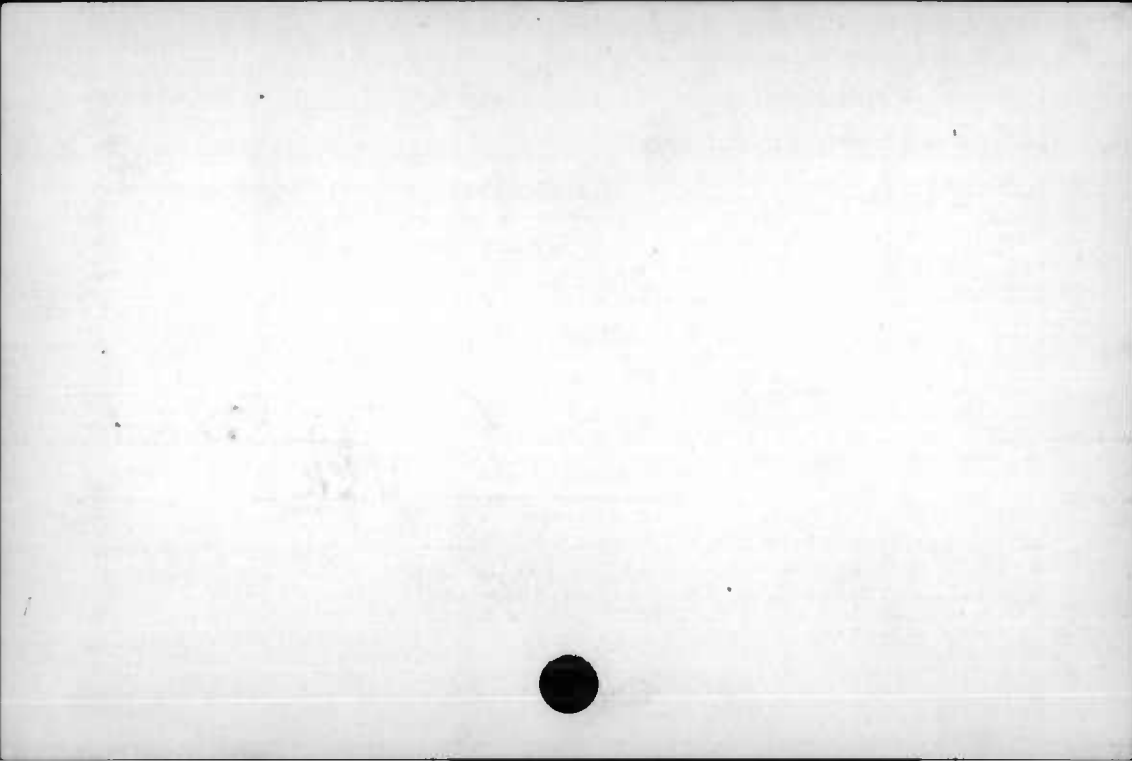
Died at <u>Gilghman</u> Town		<u>Dalbot</u> County		MARYLAND	
Date of death	1908	Month	Jan	Day	10
Age	33	Years	8	Months	1
Sex	Female	Color or Race	White	Birth-place	Gilghman-Md
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife Husband <u>Mrs. Henry James</u>			
Father's Name	Robert Cooper	Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name	Mary Elizabeth Kirt	Mother's Birthplace <u>Dalbot Co.</u>			
Name of person giving information	<u>Mrs. H. James</u>	How related to deceased <u>Husband</u>			

CAUSES OF DEATH

10

Primary	<u>La Grippe</u>	How long	<u>1 Mo -</u>
Immediate	<u>Heart Failure</u>	How long	<u>ten minutes</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signed and Placed <u>S. Kennedy Wilson</u>	
		Address <u>Gilghman</u>	
Accident or Suicide?		<u>no</u>	
		<u>Md</u>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William E Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

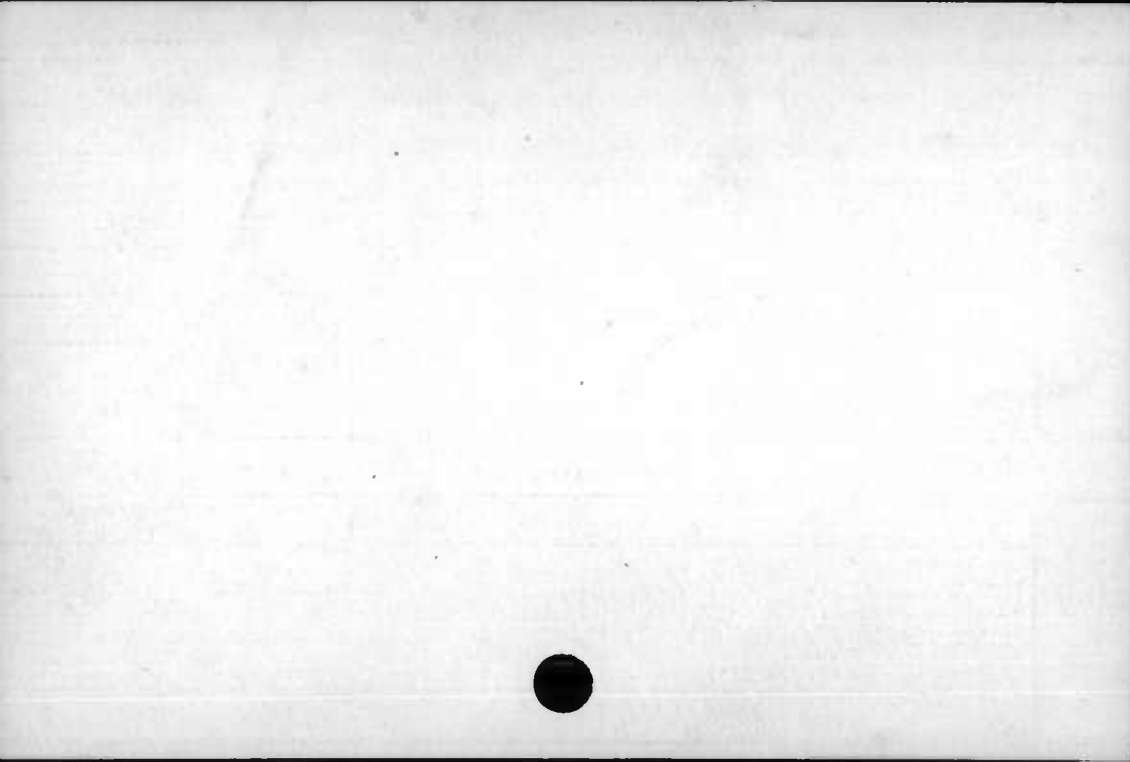
Died at <u>Euston</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month	<u>June</u>	Day	<u>16</u>
Age		Years		Months	<u>11</u>
Sex		Male		Color or Race	<u>Black</u>
Birthplace		<u>Euston</u>			
Occupation		<u>X</u>			
Where Residing if not at place of death		<u>X</u>			
Married , Single or Widowed		Name of Wife or Husband <u>X</u>			
Father's Name		<u>Ad Johnson</u>		Father's Birthplace	<u>Talbot</u>
Mother's Maiden Name		<u>Mary E Johnson</u>		Mother's Birthplace	<u>Talbot</u>
Name of person giving information		<u>Ad Johnson</u>		How related to deceased	<u>father</u>

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	<u>Cachexia</u>	How long	<u>1 mo</u>
Immediate	<u>Inherited Syphilis</u>	How long	<u>11 mo</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>[Signature]</u>	
Address <u>Euston, Md</u>		Accident or Suicide?	



Name
in
Full

Nancy Marley

CERTIFICATE OF DEATH

Died at St. Michaels Md Talbot

MARYLAND

Date of death 1908 Jan 20 Age 84 Months — Days 2

Sex Female Color or Race White Birth-place Baltimore Md

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband James R. Marley

Father's Name Robt. McPherson Father's Birthplace Ireland

Mother's Maiden Name Elizabeth Lee Mother's Birthplace Ireland

Name of person giving information Mrs. E. A. Caulk How related to deceased Daughter

CAUSES OF DEATH

120

Primary Chronic Nephritis How long one year

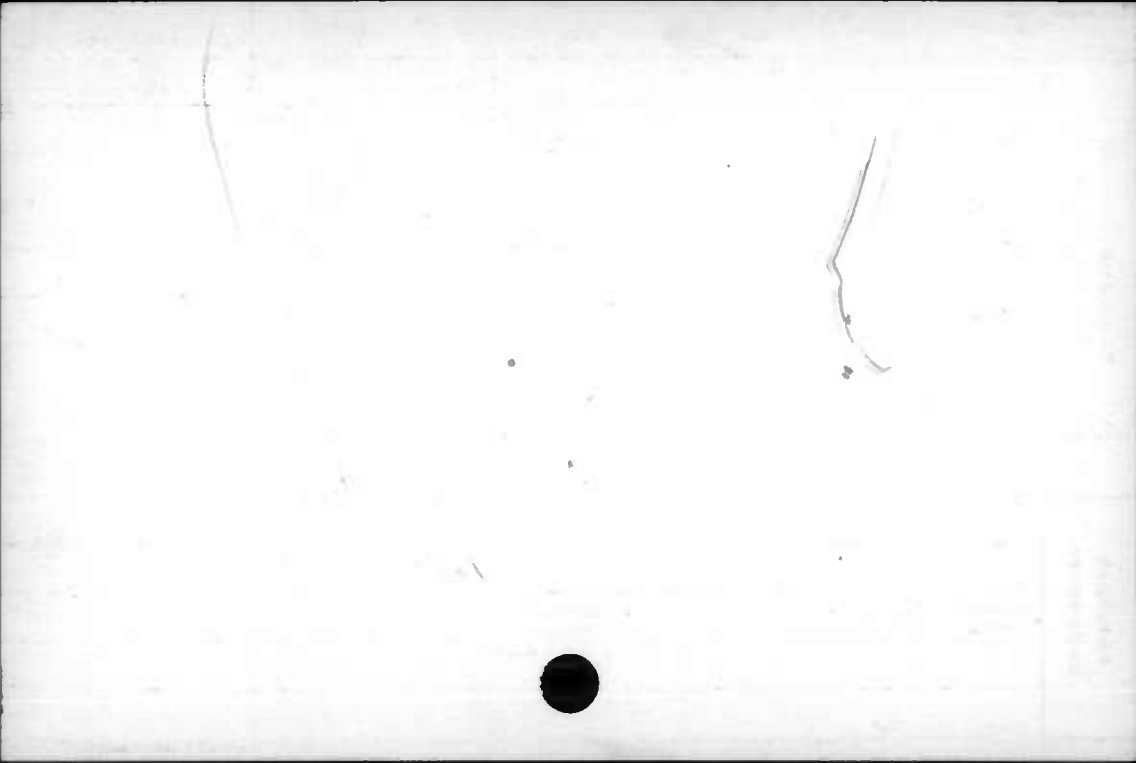
Immediate Heart Asthenia How long one week

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician A B Laseoch

Address St. Michaels Md

Accident or Suicide? —

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ethel May Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Easton* ^{Town}*Talbot* ^{County}

Date

of death 1908

Month

Jan

Day

30

Years

Age

1

Months

2

Days

—

Sex

*Female*Color or
Race*Black*Birth-
place*Talbot Co*

Occupation

*—*Where Residing if not
at place of deathMarried, Single
or Widowed*—*Name of Wife or
Husband*—*Father's
Name*John Murray*Father's
Birthplace*Talbot Co.*Mother's
Maiden Name*Eleanor Johnson*Mother's
Birthplace*" "*Name of person giving
Information*"**"*How related
to deceased*Mother*

CAUSES OF DEATH

167

Primary

Burn by fire

How long

Few minutes

Immediate

Shock

How long

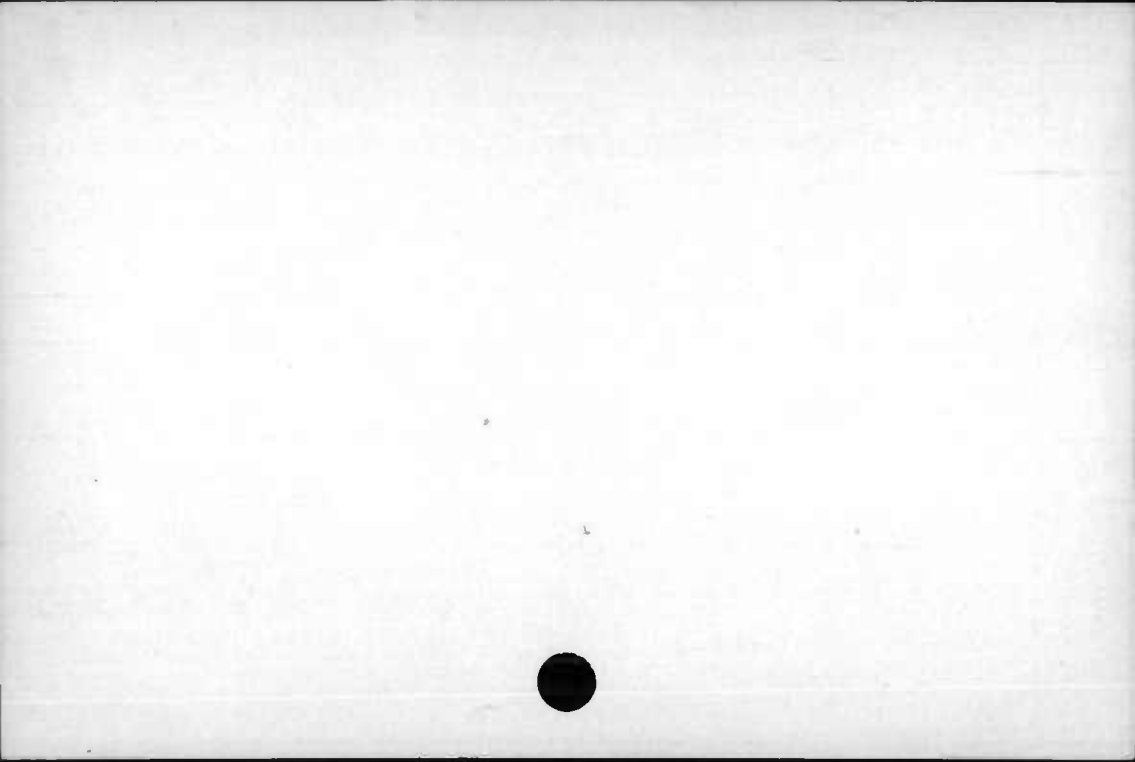
*Six hours*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*S. Drullman M.D.*

Address

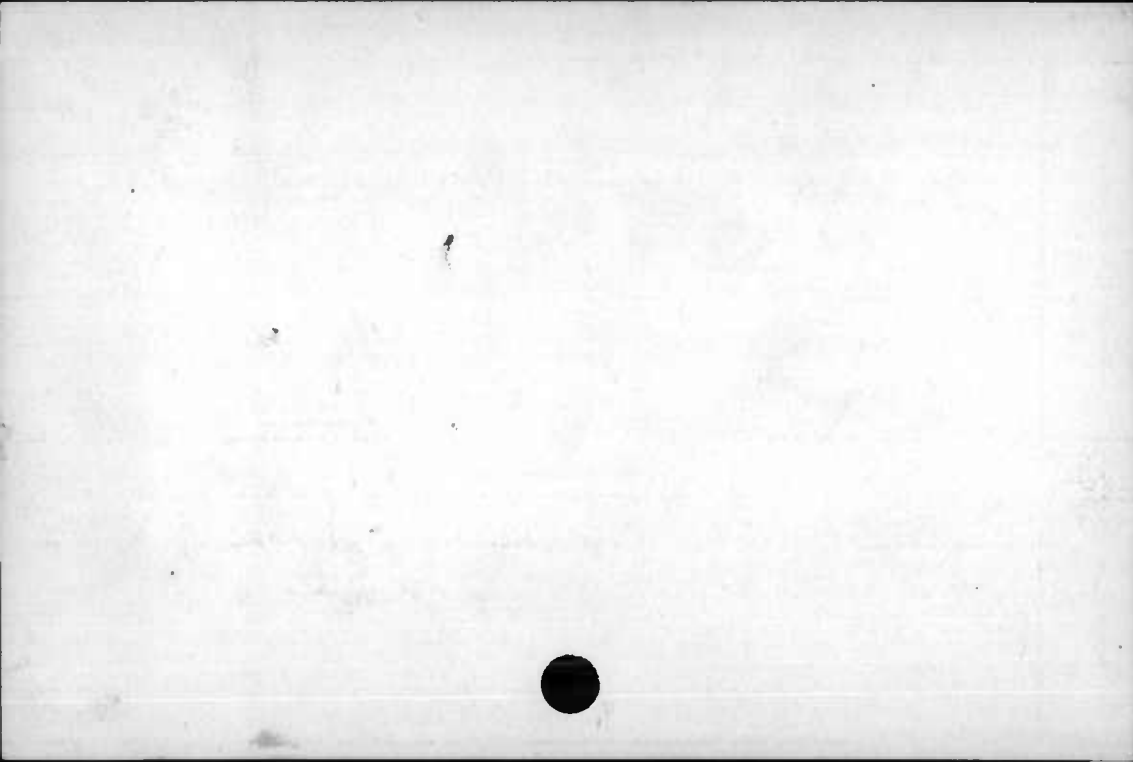


Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Rosaline Naber				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Cordova	County Talbot	MARYLAND			
		Date of death		1908	Month Jan	Day 24	Years 35	Months 0	Days 26
		Sex	Female		Color or Race	White		Birth- place	Russia
		Occupation	Housewife		Where Residing if not at place of death		Cordova		
		Married, Single or Widowed	Married		Name of Wife or Husband	Julius Naber			
		Father's Name	Johann Silgert				Father's Birthplace	Russia	
		Mother's Maiden Name	Julia Mohr				Mother's Birthplace	Russia	
		Name of person giving information	Julius Naber				How related to deceased	Husband	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Lee. Gripp				How long	2 weeks	
		Immediate	Pneumonia				How long	5 or 6 days	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		C. M. Stille	
				Address		Cordova			
		Accident or Suicide?				Md.			



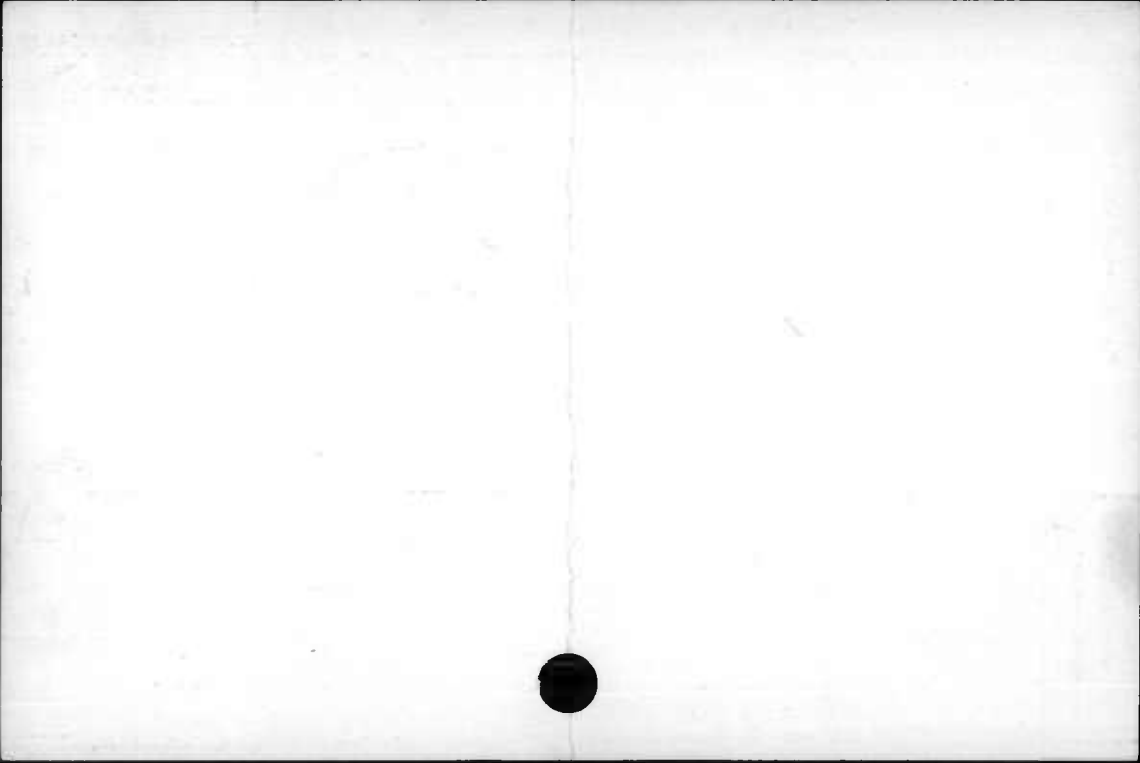
Name in Full _____ Read

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Royal Oak</i>		County <i>Salisbury Co</i>		MARYLAND	
	Date of death <i>1908</i>	Month <i>January</i>	Day <i>10</i>	Age _____	Years _____	Months _____ Days _____
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Royal Oak Md</i>	
	Occupation _____			Where Residing if not at place of death _____		
	Married, Single or Widowed _____			Name of Wife or Husband _____		
	Father's Name <i>Edwards Read</i>			Father's Birthplace <i>Belts</i>		
	Mother's Maiden Name <i>Minnie Thompson</i>			Mother's Birthplace <i>Salisbury</i>		
Name of person giving information <i>Edwards Read</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Still birth</i>	How long _____
	Immediate _____	How long _____
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Samuel E. Tripper</i>
		Address <i>Royal Oak Md</i>
Accident or Suicide?		



Name
in
Full

Mrs Mary a. Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

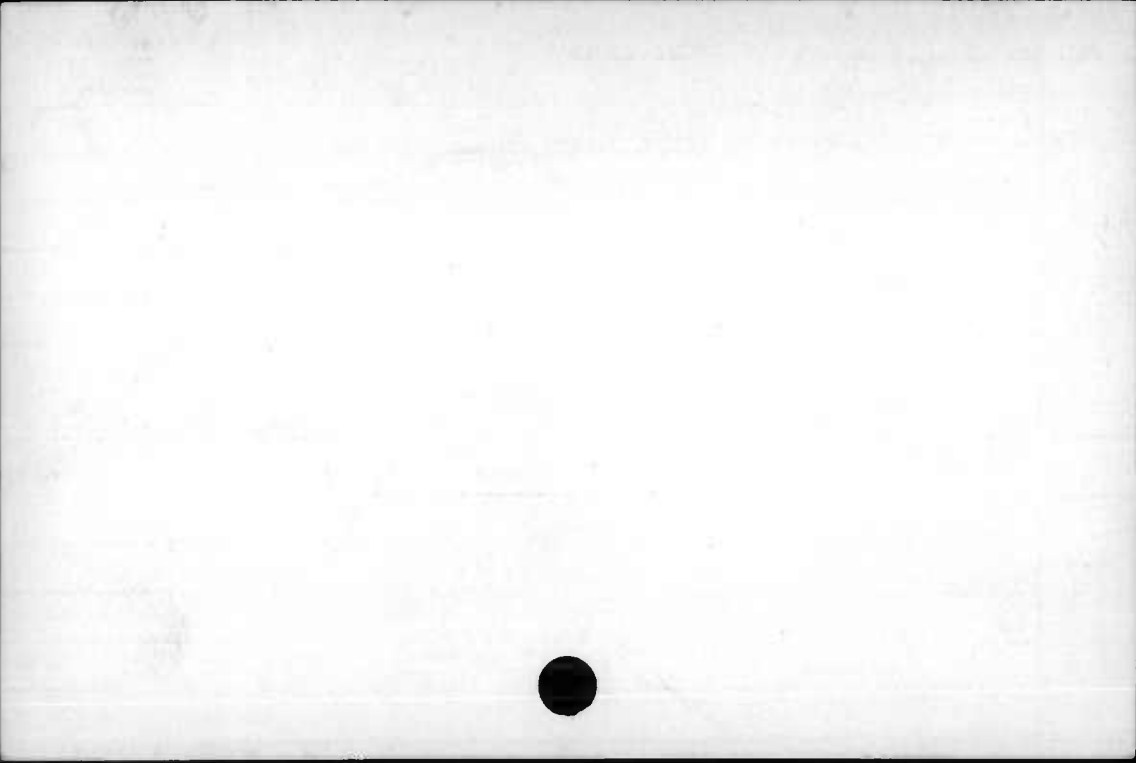
Died at <i>McDaniel</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death <i>1908 Jan'y.</i> ^{Month}		<i>7</i> ^{Day}	<i>75</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Baltimore</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death <i>McDaniel</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Chas H. Roberts</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Thos J. Troth</i>	How related to deceased <i>son in law</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. B. Sills</i>
	Address <i>St Michaels</i>
Accident or Suicide? <i>No</i>	<i>me</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

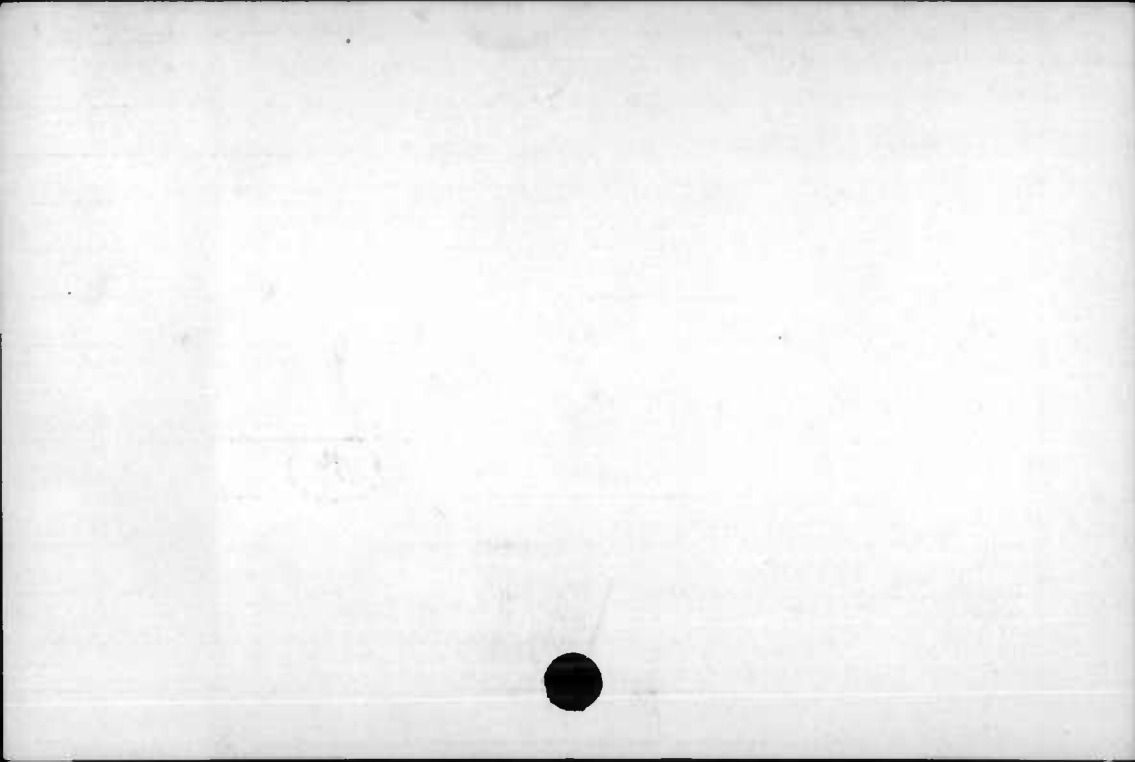
Died at <u>Easton</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	1908	Month	Jan	Day	31
Age	27	Years		Months	4
Sex	Female	Color or Race	White	Birth-place	Easton
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Norman M. Shannahan		
Father's Name	John Thompson			Father's Birthplace	Baltimore
Mother's Maiden Name	Ida M. Shannahan			Mother's Birthplace	New York
Name of person giving information	A. Adolphus			How related to deceased	

CAUSES OF DEATH

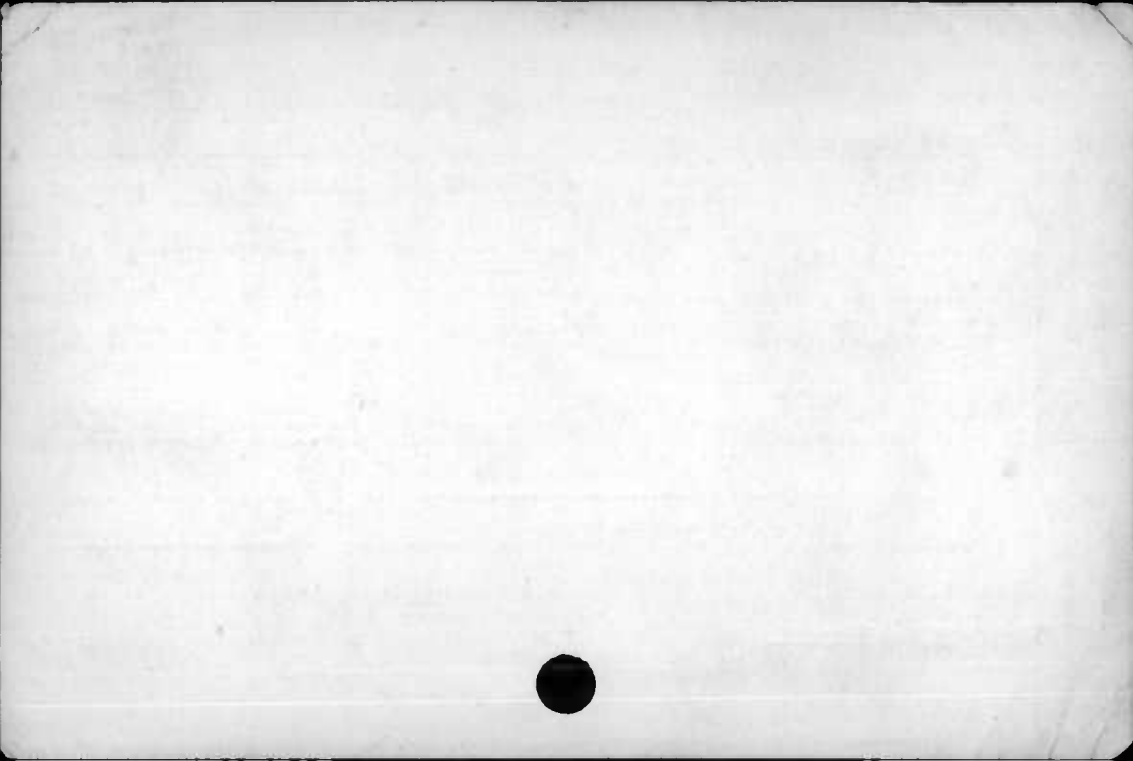
114

PHYSICIAN
OR CORONER

Primary	<u>Acute Liver</u>	How long	<u>Acute</u>
Immediate	<u>General Septicemia</u>	How long	<u>8 weeks.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>[Signature]</u>
		Address	<u>Easton, Md.</u>
Accident or Suicide?			



Name in Full		Ora Estelle Sinclair				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Tilghman</i>		County <i>Talbot</i>		MARYLAND	
		Date of death <i>1908 Jan 19</i>		Age <i>6</i>		Months <i>9</i> Days <i>8</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Tilghman</i>	
		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
		Father's Name <i>Dalby B. Sinclair</i>		Father's Birthplace <i>Talbot Co</i>			
		Mother's Maiden Name <i>Beura Horwith</i>		Mother's Birthplace <i>Talbot Co</i>			
Name of person giving information <i>Dalby B. Sinclair</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Diphtheria</i>		How long <i>6 days</i>			
		Immediate <i>Heart Paralysis</i>		How long <i>Suddenly</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. Kennedy Nelson</i>			
				Address <i>Tilghman</i>			
		Accident or Suicide? <i>no</i>		<i>md</i>			



Name
in
Full

No name - Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Offord Town Offord County Patent

Date of death 1908 Month Jan. Day 25 Age 0 Years 0 Months 0 Days 0

Sex male Color or Race White Birth-place Offord

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Ira. S. Sullivan Father's Birthplace Offord Md

Mother's Maiden Name Wida S. Hubbard Mother's Birthplace " "

Name of person giving information Ira. S. Sullivan How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Inanition How long 8 days

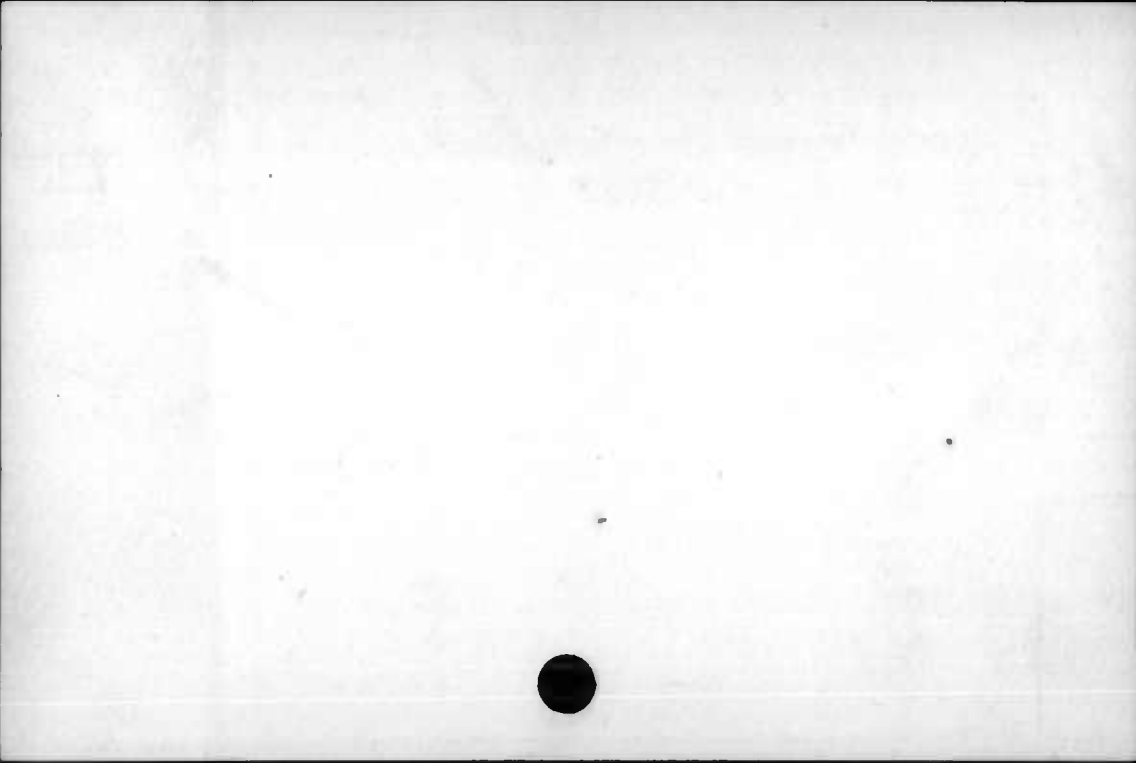
Immediate Convulsion How long Short time

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician F. M. Eccles M.D.

Address Offord Md.

Accident or Suicide? _____



Name
in
Full

Martha Jane Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

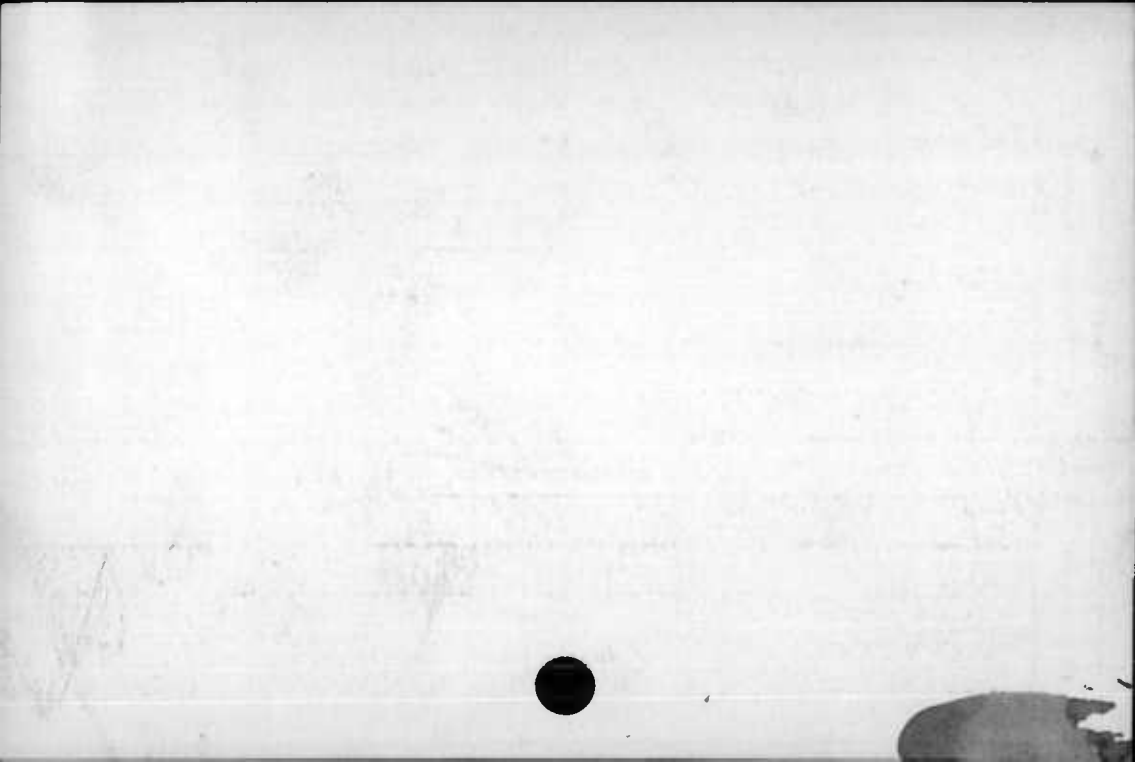
Died at ^{Town} <i>Near Easton</i>		^{County} <i>Talbot County</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>2</i>	Age <i>15</i>	Years <i>6</i> Months <i>2</i> Days <i>months</i>
Sex <i>Female</i>	Color or Race		Birth-place <i>Near Easton</i>		
Occupation <i>House Girl</i>	Where Residing if not at place of death <i>Near Easton, Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>James R Thomas</i>	Father's Birthplace <i>Easton</i>				
Mother's Maiden Name <i>Edith Gibbs</i>	Mother's Birthplace <i>Near Easton</i>				
Name of person giving information <i>Father</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>One year</i>
Immediate <i>General Anesthesia</i>	How long <i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>P. L. Graves.</i>
	Address <i>Easton, Md.</i>
Accident or Suicide?	



Name
in
Full

Eliza Trott.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

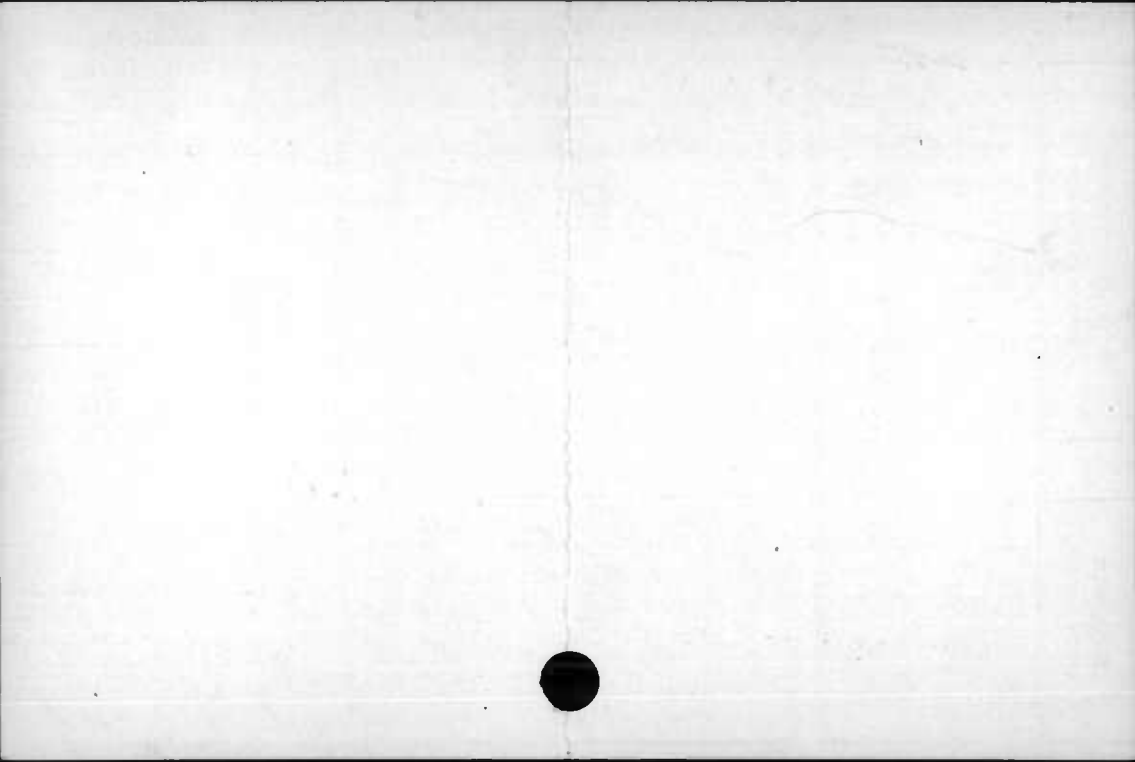
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908 Jan 11				Age 72			
Sex	Female	Color or Race	Colored		Birth-place	Talbot Co	
Occupation	Cook			Where Residing if not at place of death		Lorrum	
Married, Single or Widowed	widowed			Name of Wife or Husband		Robert - Trott.	
Father's Name	Joseph Griffin				Father's Birthplace	Talbot Co	
Mother's Maiden Name	Susan Griffin				Mother's Birthplace	Talbot Co	
Name of person giving information	Samuel Trott.				How related to deceased	Son	

CAUSES OF DEATH

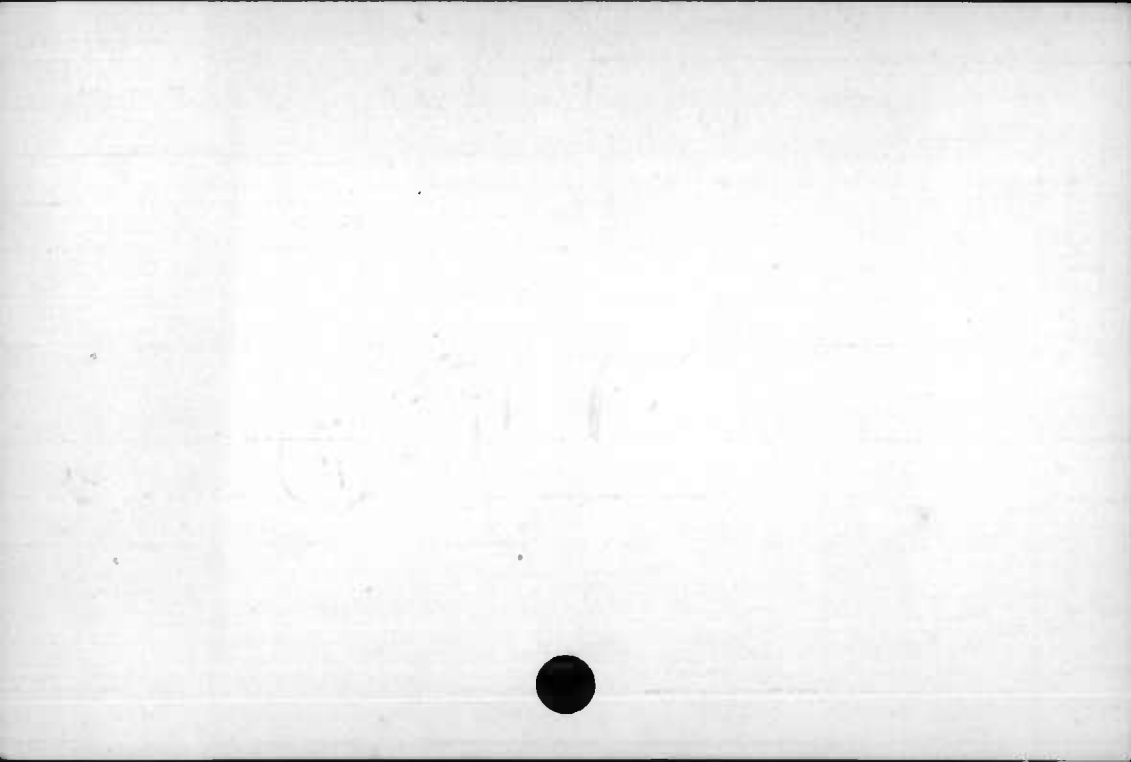
10

PHYSICIAN
OR CORONER

Primary	Griffin	How long	1 1/2
Immediate	Pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. J. B. Smith
		Address	St Michael
Accident or Suicide?	No		



Name In Full		Town				County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cordova		Tallot		MARYLAND		
		Date of death		1908	Month	Jan	Day	19	Years	74
		Sex		Female		Color or Race		White		
		Occupation		Midwife		Birth-place		Belair		
		Where Residing if not at place of death						X		
		Married, Single or Widowed				Name of Wife or Husband		X		
		Father's Name		X Not Known		Father's Birthplace		Not Known		
Mother's Maiden Name		X Not Known		Mother's Birthplace		Not Known				
Name of person giving information		Ulysses Vashell		How related to deceased		Nephew				
				CAUSES OF DEATH		(10)				
PHYSICIAN OR CORONER		Primary		Indigestion, La Grippe		How long		one day		
		Immediate		Congestion of the Lungs		How long		one day		
		Are the name, age, sex, color, date and place correctly given above?		They are		Signature of Physician				
				Address		Chas. H. Rose				
		Accident or Suicide?				Cordova, Md.				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND		
Date of death		190 <i>8</i>	Month <i>Jan</i>	Day <i>5</i>	Age <i>34</i>	Years	Months	Days
Sex		<i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Caroline Co</i>		
Occupation <i>Attorney at Law</i>				Where Residing if not at place of death <i>Easton</i>				
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband				
Father's Name		<i>Frederic J Wilson</i>				Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name		<i>Lucie Smith</i>				Mother's Birthplace <i>Delaware</i>		
Name of person giving information		<i>William S. Wilson</i>				How related to deceased <i>Brother</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>La Grippe</i>	How long	<i>Over week.</i>
Immediate	<i>Mucoid abscess</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>P. L. Trumbull</i>	
Address		<i>Easton, Md.</i>	
Accident or Suicide?			

(1)

